Back Infections and Heart Infections

My husband Ray knew something was wrong as soon as he got out of bed.



His lower back, where he'd had back surgery six weeks before, was wet. His t-shirt was wet. The sheet was wet. His fingers glistening with a strange wetness from reaching back to investigate, he asked me to check what was going on. I saw a rivulet of fluid pouring out of the top of his surgical incision. Something was really, really wrong.

As I gently pressed the skin around the incision, pus kept flowing out. He had a serious infection under the incision. It had been hidden, but it literally rose to the surface of his body and forced its way out. His problem wasn't that pus was being discharged from the inside to the outside—that was just the symptom, the manifestation of the true problem: a deep and serious infection.

He'd had the infection before he was forced to be aware of it. There were indications: fever, and just not feeling right.

The Lord is quite adept at using the physical to show us truths about the spiritual and emotional. I started seeing parallels between the two worlds.

The undealt-with, unhealed spiritual and emotional hurts in our souls don't just sit there under the surface—our awareness—forever. It's like emotional pus. Eventually it

starts leaking out sideways: addictions, anger, isolation, rebellion, self-destruction. These are the presenting problems that drive people to seek help through recovery programs such as Re:generation and Celebrate Recovery, or counseling.

Just as a rivulet of pus wasn't Ray's true problem but merely a symptom, our heart issues are the true problem that Jesus wants to point to and say, "Let Me heal them. You can't do it on your own."

Ray's infection was so large that he needed "wash out" surgery. He needed a skilled surgeon, in the sterile, controlled environment of the operating room, to open up his incision and clean out the infection. Before he even got to the OR, the doctor ordered IV antibiotics to attack and disarm the destructive power of the multiplying bacteria. By the time the surgeon got to the washing-out stage, Ray's infection had been disarmed, turned into "clean gunk." No bacteria was left, just the debris of the now-dead bacteria.

In the spiritual realm, it's truth that functions like powerful antibiotics. Truth attacks the destructive power of lies and decision. There is still leftover debris of lies—bad thinking habits and bad behavior habits—but when the lies are disarmed, it's a lot easier to replace the old habits with new, healthy, godly habits.

This was a serious infection. The day after surgery, they put in a PICC line that threaded a tube from his upper arm into a vein, ending just above his heart. This is a very effective way to infuse health-building antibiotics into his body, medicine that can't be taken orally—it has to be pumped directly into his bloodstream. He gets five antibiotic infusions a day, which we can do at home instead of needing to be hospitalized or having to go a doctor's office (which would be hard to do at 6 a.m. and 9 p.m.!).

The PICC line allows us to keep a constant level of antibiotic

in his blood. He needs this constant flow to attack the infection over a long period of time. We also need a constant infusion of truth into our souls, into our minds, to counteract the destructive power of lies and deceptions and schemes. In fact, one study revealed the it takes a minimum of four infusions of truth weekly through time in the Word for spiritual growth and healthiness.

I like thinking about the infusion of truth through God's Word as I connect the tubing to Ray's PICC line catheter. God is so good to give us physical lessons to show us spiritual truths!

Ray sure couldn't heal himself on his own. He pointed out that he had to surrender control over this entire "adventure" (to use my dad's word to describe his cancer journey). There was absolutely nothing he could do to fix the spinal stenosis that squeezed nerves, causing shooting pains down the backs of his legs, and he couldn't heal the infection that came later. He had to place himself in the hands of the surgeon both times. He had to place himself in the hands of the anesthesiologists to put him to sleep and wake him up. He had to place himself in the hands of the nurses to administer his pain meds and the IV antibiotics. He had to surrender control to those who knew how to help him.

At any point, he could have shut down the process—not having the surgery, or walking out of the hospital, or refusing the home infusions of IV antibiotics. He could have refused to wear the back brace after the spine surgery; he could have refused to submit to the BLT restrictions (no bending, lifting or twisting).

But that would have also shut down the healing.

When we have soul sickness—a heart infection, if you will—we need to entrust ourselves into the hands of people more educated in the healing process than we are. We need to surrender our false sense of control and invite others to lead

us from sickness into health. And we need to not shut down the process by thinking we know better, or thinking we're fixed or even just "good enough." We need to not push back against restrictions suggested by those who know better than we do what it will take to help us climb of our pits to get to the place of spiritual and emotional health.

God provides help for physical challenges like infections, and through the "one anothers" of scripture He provides help for spiritual and emotional challenges as well. And He lets us connect the dots to learn transferable concepts from each.

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Safe Sex?

Starlight dances off the sparkling water as the waves gently lap the shore. A cool breeze brushes across your face as you stroll hand in hand along the moonlit beach.

The party was getting crowded and the two of you decided to take a walk on the deserted waterfront. You've only known each other a short while but things seem so right. You laugh together and sense a longing to know this person in a deeper way.

You pause and tenderly gaze into each other's eyes, blood rushing throughout your body as your heart beats faster. Soon you are in each other's arms kissing softly at first, then fervently. You tug at each other's clothes and both kneel to

the sand. The condom comes on. You join in passionate lovemaking, then relax, hearing only the gentle waves and each other's breathing, grateful that you are comfortable in mutual care and that all is safe.

Or is it?

Was the condom you used enough to keep you safe? Aside from the emotional and psychological implications of your romantic encounter, realize that the condom is not a 100% guarantee of safety against AIDS for the same reason the condom is not a 100% guarantee of safety against pregnancy. There's always the possibility of human or mechanical error. Condoms can slip and break. They also can leak. Even the experts aren't certain condoms can guarantee against sexual transmission of the HIV virus.

Theresa Crenshaw, M.D., has been a member of the President' s Commission on HIV. She is past president of the American Association of Sex Educators, Counselors, and Therapists{1} and once asked this question to 500 marriage and family therapists in Chicago: "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then she asked how many in the room would have sex with an AIDS infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them that, "It is irresponsible to give students, clients, patients advice that you would not live by yourself because they may die by it."{2} What does this tell you about the confidence experts have in condoms to protect persons against AIDS?

Not too long ago herpes caught the public's attention. Now, of course, the focus is on AIDS. As with herpes, it is very difficult to be absolutely certain that your partner in premarital sex does not have AIDS and there is no known cure.

But, of course, there's a big difference between herpes and AIDS: herpes will make you sick; AIDS will kill you.

Assessing the Risk

After I had made these remarks at a university in California, one young man asked me to explain what I meant when I said that condoms aren't safe. Consider this:

Condoms have an 85% (annual) success rate in protecting against pregnancy. That's 15% a failure rate.{3} But remember, a women can get pregnant only about six days per month.{4} HIV can infect a person 31 days per month.

Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes five microns in diameter have been detected in cross sections of latex gloves.{5} (A micron is one thousandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus. (A human sperm is about 60 microns long and three to five microns in diameter at the head.{6} But the HIV virus is only 0.1 micron in diameter.{7} A five- micron hole is 50 times larger than the HIV virus. A one-micron hole is 10 times larger. The virus can easily fit through. It's kind of like running a football play with no defense on the field to stop you or shooting a soccer ball into an open goal. The hole is huge!

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (that causes AIDS) in its fluid medium.

One study focused on married couples in which one partner was HIV positive. When couples used condoms for protection, after one and one-half years, 17% of the healthy partners had become infected.{8} That' s about one in six, the same odds as Russian roulette.

One U.S. Food and Drug Administration (FDA) study tested condoms in the laboratory for leakage of HIV-sized particles. Almost 33% leaked.{9} One in three.

One analysis of 11 studies on condom effectiveness found that condoms had a 31% estimated failure rate in protecting against HIV transmission. In other words, as the report stated, "These results indicate that exposed condom users will be about a third as likely to become infected as exposed individuals practicing "unprotected" sex…. The public at large may not understand the difference between "condoms may reduce risk of" and "condoms will prevent" HIV transmission. It is a disservice to encourage the belief that condoms will prevent sexual transmission of HIV. Condoms will not eliminate risk of sexual transmission and, in fact, may only lower risk somewhat."{10} Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared the legal liabilities if people contracted AIDS or died after using the condoms the county distributed. They were afraid the county would be held legally responsible for the deaths. {11}

Over Easy Please

Latex condoms are sensitive to heat, cold, light, and pressure. The FDA recommends they be stored in "a cool, dry place, out of direct sunlight, perhaps in a drawer or closet."{12} Yet they are often shipped in metal truck trailers without climate control. In winter the trailers are like freezers. In summer they're like ovens. Some have reached 185F (85C) inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.{13} Are you thinking of entrusting you life to this little piece of rubber?

Is the condom safe? Is it safer? Safer than what?

Look at it this way: If you decide to drive the wrong way down

a divided highway, is it safer if you use a seat belt?{14} You wouldn't call the process "safe." To call it "safer" completely misses the point. It' s still a very riskyand a very foolishthing to do.

Remember that a national study found that condoms have a 15% failure rate with pregnancy. Perhaps you have flown in airplanes. Suppose only 15 crashes occurred for every 100 plane flights. Would you say airline travel was safe? Safer?{15} Would you still fly?

AIDS expert Dr. Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, DC: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six pack of beer first, instead? {16} According to Dr. Redfield, when you're considering AIDS, "Condoms aren't safe; they're dangerous."{17}

The Test

You might say, "We've both been tested for AIDS. Neither of us has it."

The time span between HIV infection and detection of HIV antibodies has been found to be anywhere from three to six months, sometimes longer. {18}In rare cases it can even take years for signs of the virus to appear.{19} Dr. Redfield says that after he was exposed to HIV in his work, he waited 14 months before having sex with his wife.{20} Suppose you meet someone who says, "I had an HIV test a year ago; it was negative. I haven't had sex for a year. I just had another test; it was negative. I'm safe." You see the test results in writing. Is it safe to sleep with that person?

We all know how hormones can influence honesty. It comes down to this: Are they telling the truth about not being sexually active in the interim? Is there even a chance that person

might twist the truth even slightly in order to get into bed with you? Even with the tests, it all boils down to trust. That's why I say, "It's very difficult to be absolutely certain that your partner in premarital sex does not have AIDS."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, wait."

The Total You

There are many other benefits to waiting (or to stopping until marriage, if you're a sexually active single). By "waiting," I mean reserving sex for marriage.

Sex involves your total personalitybody, mind, and spirit. Besides being physically risky, premarital sex can hurt you emotionally and relationally. While you are single, sex can breed insecurity ("Am I the only one they've slept with? Have there been, or will there be, others?"). It can generate performance fears that can dampen sexual response. (If you fear even slightly that your acceptance by your partner hinges on your sexual performance, that fear can hamper your performance.) It can cloud the issue, confusing you into mistaking sexually charged sensations for genuine love.

After you marry, you might wonder, "If they slept with me before we married, how do I know that they won't sleep with someone else now that we are married?" (Marital faithfulness in the age of AIDS is, of course, important both emotionally and physically.) When disagreements crop up with your mate, will you be tempted to ask yourself, "Did we just marry on a wave of passion?" Don't forget flashbacks, those mental images of previous sexual encounters that have a nasty way of creeping back into your mind during arousal. Who wants to be thinking of previous sex partners while making love with their spouse? Worse, who wants their spouse to be thinking of previous sex partners?

Waiting until marriage can help you both have the confidence, security, trust, and self respect that a solid, intimate relationship needs. “I really like what you said about waiting,” said a recently married young woman after a lecture at Sydney University in Australia. “My fianc and I had to make the decision and we decided to wait.” (Each had been sexually active in other previous relationships.) “With all the other tensions, decisions, and stress of engagement, sex would have been just another worry. Waiting ’till our marriage before we had sex was the best decision we ever made.”{21}

Why Is It Hard to Wait?

Apart from the obvious physical power of one’s sex drive, there are other equally powerful emotional factors that can make it difficult to wait. A longing to be close to someone or a yearning to express love can generate intense desires for physical intimacy. Many singles today want to wait but lack the inner strength or self-esteem They want to be lovedas we all do and may fear losing love if they postpone sex. They are frustrated when unable to control their sexual drives or when relationships prove unfulfilling.

Often sex brings an emptiness rather than the wholeness people seek through it. As one TV producer told me, “Frankly, I think the sexual revolution has backfired in our faces. It’s degrading to be treated like a piece of meat.” The previous night her lover had justified his decision to sleep around by telling her, “There’s plenty of me for everyone.” What I suspect he meant was, “There’s plenty of everyone for me.” She felt betrayed and alone.

I explained to her and to her TV audience that sexuality also involves the spiritual. One wise spiritual teacher understood our loneliness and longings for love. He recognized human emotional needs for esteem, acceptance, and wholeness and offered a plan to meet them. His plan has helped people to become whole “new creatures,”{22} that is, “brand new

person(s) inside."{23} He taught that we can be accepted just as we are, even with our faults.{24} We can enjoy the self-esteem that comes from knowing who we are and that our lives can count for something significant.{25} He promised unconditional love to all who ask.{26} Once we know we're loved and accepted, we can have greater security to be vulnerable in relationships and new inner strength to make wise choices for safe living.{27} This teacher said, "You shall know the truth, and the truth shall make you free."{28} "My peace I give to you," He explained. "Do not let your hearts be troubled and do not be afraid."{29} Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. I placed my faith in Him personally my freshman year at Duke, Two Lambda Chis influenced me in that direction. Though I was skeptical at first, it "has made all the difference," as Robert Frost would say.

Sex and spirituality are, of course, quite controversial topics. I realize that our International Fraternity contains a wide spectrum of beliefs on these issues. I offer these perspectives not to preach but to stimulate healthy thinking.

Diversity was one of the things that attracted me to our chapter at Duke. Politically, philosophically, and spiritually we ran the gamut. There were liberals, conservatives, Christians, Jews, atheists, and agnostics. We tried to respect one another and learn from each other even when we differed on issues like these. That is the spirit in which I offer these remarks; may I encourage you to consider them in the same way.

To summarize, the only truly safe sex is the lovemaking that occurs in a faithful monogamous relationship where both partners are HIV negative. Condoms may reduce the risk of HIV transmission somewhat, but they can't guarantee prevention. Please, don't entrust your life to something as risky as a condom.

Notes

1. Richard W. Smith, “Parent’s HIV Prevention Information Package:’ n.d., p. 48. (Smith is “a public health professional with more than 20 years of experience in the epidemiology of Sexually Transmitted Diseases and HlV/AIDS prevention and control.” He resides in Trenton, NJ.)
2. Theresa Crenshaw, M.D., “The Psychology of AIDS Prevention: Implementing Effective Strategies, “Transcript: National Conference on HIV, Washington, DC, November 1987, p. 4.l
3. Elise F. Jones and Jacqueline Darroch Forrest, “Contraceptive Failure Rates Based on the 1988 NSFG (National Survey of Family I Growth):’ *Family Planning Perspectives* 24:1 (January/February 1992), pp. 12, 18. (Jones is senior research associate and Forrest is vice president for research for Planned Parenthood’s Alan Guttmacher Institute.) See also R. Gordon, *Journal of Sex and Marital Therapy* (1989), 15, pp. 5-30; in David G. Collart is affiliated with the Emory University Department of Biology. His doctorate is from the University of Florida in biochemistry and molecular biology.)
4. Richard W. Smith, “Is the Condom Really Safe Sex?”, n.d., p. I; see also Collart, loc. cit.
5. C.M. Roland, “Barrier Performance of Latex Rubber,” *Rubber World: The Technical Service Magazine for Rubber Industry*, 208:3, June 1993, pp. 1 518; and personal conversation, September 24, 1993. (Roland, who holds a Ph.D., is editor of *Rubber Chemistry and Technology* and also head of the Polymer Properties Section, Navel Research Laboratory, Washington, DC.)
6. William R. Hensyl, ed., *Stedman’s Medical Dictionary*, 25th Ed. (Baltimore: Williams & Wilkins, 1990), p. 1445; Macdonald Critchley, ed., *Butterworth’s Medical Dictionary*, 2nd Ed. (Boston: Butterworth & Co., 1978), p. 1577; Marcia F. Goldsmith, “Sex in the Age of AIDS Calls for Common Sense and ‘Condom Sense,”‘ *JAMA* (Journal of the American Medical Association) 257:17, May 1, 1987, p. 2262.
7. James Kettering, Ph.D., “Efficacy of Thermoplastic

Elastometers and Latex Condoms as Viral Barriers," *Contraception*, vol. 47, June 1993, pp. 563-564; and personal conversation, September 20, 1993. (Kettering is with the Department of Microbiology, Loma Linda University School of Medicine, Loma Linda, CA.)
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9. Ronald F. Carey, Ph.D., et al, "Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus-sized Particles Under conditions of Simulated Use," *Sexually Transmitted Diseases* 19:4 (July-August 1992), pp. 230-234. (Carey works for the US Food and Drug Administration.)
10. Susan C. Weller, "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV," *Soc Sci Med* 36:12 (1993), pp. 1635-1644, emphasis hers. (Weller is with the Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston. TX. *Soc Sci Med* is published in Great Britain.)
11. Douglas A. Campbell, "Burlco Stops Distribution of Condoms," *The Philadelphia Inquirer,* April 11, 1991. IB, 4B.
12. Condoms and Sexually Transmitted Diseases …. Especially AIDS," *HHS Publication FDA* (90-4239), in Smith, op. cit., P. 2.
13. William B. Vesey, "Condom Failure," *HLI Reports* (the newsletter of Human Life International, Gaithersburg, MD) 9:7 (July 1991); see also Collart, op. cit., p. 3.
14. "Condoms Fail," *Staying Current* (the newsletter of AIDS Information Ministries), iv: III (May-June 1992), p. 4.
15. George V. Corwell, "When simple solutions yield deadly results," *Trenton Times* (NJ), February 5, 1993. (Corwell is associate director for education, New Jersey Catholic Conference, Trenton, NJ.)
16. Robert Redfield, Jr., M.D., "Why Wait? Capital Briefing;

AIDS: What You're Not Hearing Could Kill Your Youth," oral presentation), Washington, DC, May 8, 1992. (Dr. Redfield is chief of the Department of Retroviral Research at Walter Reed Army Institute of Research.)
17. Ibid.
18. Ibid.
19. Ibid. Redfield says that some people with hypogammaglobulinemia do not make antibodies, hence it takes years for them to show signs of HIV infection. (Current HIV tests detect not the virus itself, but rather the antibodies that the human body manufactures to attempt to fight the virus.)
20. Ibid.
21. Space limits extensive development here of the practical, psychological, and emotional advantages of waiting. These have been more adequately discussed in Rusty Wright and Linda Raney Wright, *How to Unlock the Secrets of Love, Sex, and Marriage,* Barbour Books, 1981; Rusty Wright, "Dynamic Sex: Beyond Technique and Experience," Campus Crusade for Christ, 1977.
22. 2 Corinthians 5:17, New American Standard Bible.
23. 2 Corinthians, 5:17, Living Bible.
24. Luke 15:10-32.
25. John 1:12; II Corinthians 5:20.
26. John 3:16; 13:34-35; 17:20, 23, 26; I John 4:7-21.
27. Acts I :8; Ephesians 5: 18; Galatians 5: 16-24; I Corinthians 6:18-20.
28. John 8:32.
29. John 14:27, NIV.

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